

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
7/15/2016	Cpl. Wendt	x		
10/01/16	Off. Smith	x		
5/1/2003	Off. Malicki	x		

Review Date: 04/08/17

M/V Crash 2017-03570

Officer: Off. S. Rosado #20

Squad #509

1. Classification I.

- a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course" may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a.



NORRIDGE POLICE DEPARTMENT



Employee Warning Notice

Name: Samuel Rosado Star #: 22 Date: April 13, 2017

TYPE OF VIOLATION				
Attendance	Carelessness	Insubordination	Late Arrival/Early Quit	
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment	Personal Business While on Duty	
Unsatisfactory Work Performance	Violations of Policy/Procedure	X Motor Vehicle Crash	Missing a Court Date	

Date of Violation: March 31, 2017 Time of Violation: 2235

DESCRIPTION OF VIOLATION:

On 3/31/2017 Officer Samuel Rosado was involved in a motor vehicle crash. The review of the crash by the accident review board classified the accident as 2a (The employee failed to exercise reasonable and due care.)

OFFICER'S STATEMENT:

I agree with the above description I disagree with the above description

My reason is:

S. Rosado

Officer's Signature

22

Star #

4/18/17

Date

ACTION TAKEN		DATE	SUPERVISOR NAME & STAR
	Verbal Warning		
X	Written Warning	04/13/17	NICHOLAS RICE N.Rice #162
	Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN:

For a second classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.

I have read and understand this warning:

S. Rosado # 22

Officer's Signature / Star#

4/18/17

Date

Supervisor Issuing Warning:

Supervisor's Signature / Star #

Date

CRASH REPORT

Sheet 1 of 1 Sheets



* U 1 3 0 2 8 9 3 3 7 *

POLICE

DRAC	—	PEDV	TRFD	TRFC	WEAT	DRVVA	—	VIS	—	VEHD	—	LGH	COLL	MANV	—	PPA	PPL
U1	—	—	1	1	2	U1	—	U2	U1	U2	—	U1	6	1	—	99	9

INVESTIGATING AGENCY

NORRIDGE P.D.

DAMAGE TO ANY
ONE PERSON'S
VEHICLE / PROPERTY

\$500 OR LESS
 \$501 - \$1,500
 OVER \$1,500

TYPE OF REPORT
ON SCENE
NOT ON SCENE (DESK REPORT)
AMENDED

A No Injury / Drive Away
 B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.

YR 2017 00003570

TRFW

7

ADDRESS NO.

4411

HIGHWAY or STREET NAME

CUMBERLAND

City

Township

INTERSECTION RELATED

Y

N

DATE OF CRASH

3/31/17

TIME

5:18

LARS CODE

VEHT

1

(CIRCLE)

FT / M I N E S W

AT INTERSECTION WITH

PARKING LOT

(NAME OF INTERSECTION OR ROAD FEATURE)

County

COOK

PRIVATE PROPERTY

Y

N

DOORING WITH

Y

NUMBER MOTOR VEHICLES INVLD

LARS CODE

99

U2

NAME

DRIVER

PARKED

DRIVERLESS

PED

PEDAL

EQUES

NMV

NCV

(LAST, FIRST, MI) ROSADO, SAMUEL

STREET ADDRESS

2020 N OLCOTT

CITY

NORRIDGE

STATE

IL

ZIP

60706

TELEPHONE

708-453-4776

TAKEN TO

NONE

EMS AGENCY

NONE

MAKE

MODEL

YEAR

FORD

TAURUS

2014

SEX

SAFT

AIR

PLATE NO.

STATE

YEAR

M

2

4

VIN

1FAHP2MK6EG185973

NAME

DRIVER

PARKED

DRIVERLESS

PED

PEDAL

EQUES

NMV

NCV

(LAST, FIRST, MI)

STREET ADDRESS

CITY

STATE

IL

ZIP

60706

TELEPHONE

NONE

TAKEN TO

NONE

EMS AGENCY

NONE

MAKE

MODEL

YEAR

/

/

/

SEX

SAFT

AIR

PLATE NO.

STATE

YEAR

VIN

(UNIT) (SEAT)

(DOB)

(SEX)

(SAFT)

(AIR)

(INJ)

(EJECT)

PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)

(HOSP)

(EMS)

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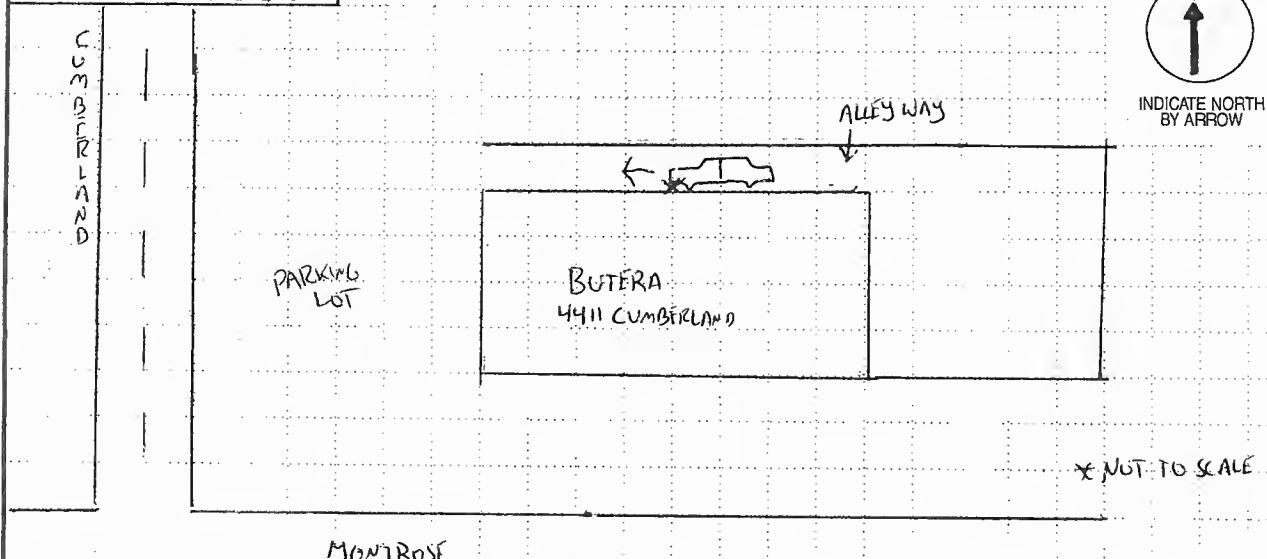
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U130289337

A Diagram and Narrative are required on all **Type B** crashes,
even if units have been moved prior to the officer's arrival.

INDICATE NORTH
BY ARROW

NARRATIVE (Refer to vehicle by Unit No.)

THE FOLLOWING WAS LEARNED FROM THE DRIVER OF UNIT #1: UNIT #1 WAS TRAVELING W/B THROUGH THE ALLEY WAY OF BUTERA, 4411 CUMBERLAND. DRIVER OF UNIT #1 (POLICE OFFICER) WAS IN THE PROCESS OF CHANGING HIS RADIO BATTERY WHEN IT SLIPPED OUT OF HIS HAND. WHILE DRIVER OF UNIT #1 ATTEMPTED TO GRAB THE BATTERY UNIT #1 VEERED TO THE LEFT CAUSING THE DRIVER'S SIDE WHEEL WELL AREA TO STRIKE THE NORTH WALL OF BUTERA CAUSING DAMAGE.
NO EMS NO TOW.

LOCAL USE ONLY

U1 Color BLACK

U1 Towed by / to

U2 Color —

NONE

U2 Towed by / to —

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNKDid HAZMAT Regulations violation contribute to the crash? Y N UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y NMCS Y N UNK Out of Service? Y N

Form No. _____

I.D./PERMIT NO. _____ WIDE LOAD? Y NTRAILER WIDTH(S): 0-96" 97-102" >102"TRAILER 1 TRAILER 2

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____